

**Management Sciences for Health /Health Commodities and Services  
Management Program (MSH/HCSM) Progress Report: 1<sup>st</sup> October 2011-31<sup>st</sup>  
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MSH/Health Commodities and Services Management

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### **About MSH/HCSM**

The MSH/HCSM Program strives to build capacity within Kenya to effectively manage all aspects of health commodity management systems, pharmaceutical and laboratory services. MSH/HCSM focuses on improving governance in the pharmaceutical and laboratory sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines and related supplies.

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## Acronyms and Abbreviations

ADR	Adverse Drug Reaction
ADT	ART Dispensing Tool
AMU	Appropriate Medicine Use
AOP	Annual Operational Plan
APHIA	AIDS Population and Health Integrated Assistance (project)
ART	Antiretroviral therapy
ARV	Antiretroviral (drug)
CHAI	Clinton Health Access Initiative
CHS	Center for Health Solutions
CME	Continuous Medical Education
DANIDA	Danish International Development Agency
DASCO	District Aids and STI Coordinator
DDPC	Division of Disease Prevention and Control
DHMT	District Health Management Team
DHIS	District Health Information System
DLTLD	Division of Leprosy, Tuberculosis and Lung Diseases
DOMC	Division of Malaria Control
DOP	Department of Pharmacy
DOD	Department of Defense
DRH	Division of Reproductive Health
EMMS	Essential Medicines and Medical Supplies
FBO	Faith Based Organization
FP	Family planning
F&Q	Forecasting and Quantification
HCSM	Health Commodities and Services Management (Program)
HSCC	Health Sector Coordinating Committee
ICAP	International Centre for AIDS Care and Treatment Programs
ICC	Inter Agency Coordinating Committee
ITT	Inventory Tracking Tool
KEML	Kenya Essential Medicines List
KEMSA	Kenya Medical Supplies Agency
KMTC	Kenya Medical Training College
KNPP	Kenya National Pharmaceutical Policy
LCM	Laboratory Commodity Management
LMIS	Logistics Management Information System
LMU	Logistics Management Unit
MOH	Ministries of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation
MSH	Management Sciences for Health
MTC	Medicines and Therapeutics Committee
MTM	Medication Therapy Management
M&E	Monitoring and Evaluation
NAL	North Arid Land
NASCOP	National AIDS/STI Control Program
NEP	North Eastern Province

NMTC	National Medicines and Therapeutics Committee
NPHLS	National Public Health Laboratory Services
PHMT	Provincial Health Management Team
PHC	Primary Health Care
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PPB	Pharmacy and Poisons Board
PSC-ICC	Procurement and Supply Chain Interagency Coordinating Committee
PV	Pharmacovigilance
RH	Reproductive Health
RDT	Rapid Diagnostic Test
RTK	Rapid Test Kit
SDP	Service Delivery Point
SOP	Standard Operating Procedure
SPS	Strengthening Pharmaceutical Systems program
STG	Standard Treatment Guidelines
TB	Tuberculosis
TOT	Training of Trainers
TWG	Technical Working Group
USAID	U.S Agency for International Development

## **PART I: EXECUTIVE SUMMARY**

Health Commodities and Services Management (HCSM) program implemented by Management Sciences for Health (MSH) is U.S. Agency for International Development (USAID) program. The program is designed to address commodity management, pharmaceutical services and policy, and laboratory systems over a period of 5 years from 1<sup>st</sup> April 2011 until 31<sup>st</sup> March 2016. The goal of this program is to improve health outcomes and impact through sustainable country-led programs and partnerships. In line with the USAID/Kenya mission's implementation framework and the Ministries of Health national health strategic plans, MSH/HCSM program is to focus on health systems strengthening in the pharmaceutical and laboratory sectors in three key technical areas:

1. Ministry of Medical Services (MOMS)/Ministry of Public Health and Sanitation (MOPHS) and Health Facilities Commodity Management Support
2. Support to Pharmaceutical Policy and Service Delivery
3. Support to Laboratory Governance, Commodity Security, and Service Delivery (to be implemented in collaboration with CDC-funded laboratory support program implemented through MSH)

In order to achieve the expected outcome MSH/HCSM used a two pronged approach; technical assistance to peripheral level and central level working collaboratively with both the Ministry of Medical Services (MOMS) and Ministry of Public Health and Sanitation (MOPHS), and other stakeholders to ensure that their priorities are addressed and implementation is done according to the approved health sector annual operation plans.

Thus far MSH/HCSM has supported constitution of Provincial Health Commodities technical committees comprising of key PHMT members and other key stakeholders such as KEMSA, Kenya Pharma, APHIAplus, CDC, and CHS in 7 regions namely Nyanza, Rift Valley, Nairobi, Coast, Western, Central and Eastern. The last five committees (Nairobi, Coast, Western, Central and Eastern) were formed during the current reporting period. The MSH/HCSM also advocated for the inclusion of two FBOs namely CHAK and KEC in the five Provincial Health Commodities technical committees formed during the reporting period.

Besides supporting formation and functioning of commodity TWGs at the regional level MSH/HCSM has taken a number of initiatives in support of health systems strengthening. These initiatives are aimed at addressing issues of commodity management and reporting, for example, quarterly data collection, review and feedback meetings held in Nairobi, NAL, and Rift valley. These meetings had a number of desired results;

- In Nairobi, a decision was made to mop-up excess Artemether-lumefantrine (AL) and re-distribute them to Coast province through mentoring District Pharmaceutical Facilitators (DPFs), District AIDS and STI coordinators (DASCOs) and District malaria co-ordinators on reporting procedures and use of reported data for decision-making.
- In Rift valley, RH/FP program coordinator provided feedback on FP commodity stock status and commodity reporting trends during consultative forum of District RH coordinators.

- In Northern Arid Lands (NAL), the Samburu DHMT and APHIAplus collaborated to improve low reporting rates of HIV Lab commodities by supporting delivery of facility reports to Isiolo to link to the routine courier system to KEMSA/LMU.

HCSM has also actively participated in the drug management sub-committee for DOMC where preparation and review of the stock status in the country is conducted. During the reporting period the committee reviewed the stock status and it was found that central province was overstocked with AL; subsequently a decision was made to redistribute over 20,000 doses of AL to Nyanza region thus averting drug expiries.

At both regional and national level MSH/HCSM has continued to work with the key programs (NAS COP, DOMC, DRH and DLTLD) in developing key documents and training curricula, for example, MSH/HCSM has developed an orientation package for facility support in inventory management, pharmacovigilance and appropriate medicine use while the revision of National ART commodity management curriculum for PHC setting, Laboratory Commodity Management (LCM) Curriculum for levels 2-3 and complementary job aids & SOPs for lab commodity management are currently ongoing.

MSH/HCSM also participated in MoH program commodity security meetings - RH/FP and Malaria case management during which strategic decisions on FP commodities were made to improve commodity security during FY 2011/2012 and a review of case management activities to address gaps and ensure uninterrupted inventory supply pipeline for FY 2011/12 were conducted respectively. MSH/HCSM also played a key role in forecasting and quantification exercises of HIV commodities for FY2011/12 at the national level. This exercise was done under the leadership of NASCOP. In the quarter, MSH/HCSM continued to support the development of National monthly stock status reports for priority health commodities which have been used to provide strategic information to MOH and programs, donors and partners supporting the public health sector. This strategic information has been used to make timely decisions including call downs and procurement of ARV medicines, malaria, RH/FP and Laboratory commodities. MSH/HCSM has also used forecasting, quantification and stock status monitoring activities as an avenue for mentorship and capacity building of senior health workers at the national level by ensuring that senior MOH program staff actively participate and lead these exercises. Forecasting and Quantification reports have been useful in making procurement and call-down related decisions e.g. In the quarter, the Malaria and TB Program used the previous quarter's F&Q reports to undertake procurement of anti-TB medicines and 5.4 million doses of AL respectively.

In support of health systems strengthening, MSH/HCSM has continued to mentor and transfer skills in commodity management to central and peripheral level staff as part of the exit-strategy. As a result of this, mentored staffs from NASCOP and DOMC were also able to represent the country in Geneva and successfully reviewed the Global Fund Round 10 procurement plans on behalf of the country. Their work contributed to ensuring that Kenya is poised to receive the \$345 million grant for HIV and AIDS; and \$136.9 M for Malaria from the Global Fund to Fight AIDS, Tuberculosis and Malaria for its HIV and AIDS treatment initiative.

MSH/HCSM program has continued to work with MOH programs toward ensuring timely and quality commodity reporting. Through technical support from HCSM on continued monitoring of reporting rates and collaborative follow-up of non-reporting sites by NASCOP and stakeholders,

ARV ordering point reporting rates were maintained at over 95%. However reporting rates for FP, Malaria and TB programs have remained relatively low, for example, at the end of October the reporting rates were 57%, 56% and 49% for FP, Malaria and TB respectively. This has been attributed to a number of reasons such as lack of reporting tools and appropriate skills among health care workers on the use of these tools. HCSM has and will continue to tackle these challenges, for example, during the reporting period a daily activity register was developed for Malaria RDTs and disseminated to the 33 priority RDT districts. In addition, 1,126 AL registers, 990 monthly summary tools and 5 district summary tools were distributed nationwide to facilities on a needs basis.

The reporting rates for Lab commodities have been low; RTKs averaging at 47% and CD4 at 55% for the last one year. Lack of tools and clear understanding of the reporting channels have been singled out as key factors contributing to this.

HCSM is addressing this issue through the following interventions;

- Quick interventions in availing CD4 reporting tools for all CD4 sites both photocopies (158 facilities) and soft copies (68 facilities) as printing by HCSM is awaited.
- HCSM with PEPFAR funds is printing 2 years worth of reporting tools for both CD4 & RTK.
- Facility staff sensitization meetings organized through the PMLTs & DMLTs.
- Enhancing feedback mechanisms to districts & facilities.

HCSM also organized for a meeting with KEMSA (LMU) whose key agenda was improving reporting rates. During this meeting a number of key action points were agreed upon, including LMU providing feedback reports to health managers at the central and peripheral levels. From this feedback, programs will strive to have follow up to ensure that sites submit quality reports in time and while addressing any arising challenges from the sites. MSH/HCSM will support these initiatives at the program and facility levels. These concerted efforts will go a long way to improve reporting rates and overall commodity management practices.

During the reporting period MSH/HCSM continued to focus on interventions aimed at improving health systems that deliver quality pharmaceutical services in public sector. At national level MSH/HCSM collaborated with key stakeholders in developing a number of key documents which include; Draft revised MTC training curriculum, draft pharmaceutical operation manual, ART-ADR sentinel surveillance protocol, draft AMU tools (Outpatient prescription sheet, Inpatient Treatment sheet) and Medication Therapy Management (MTM) guidelines. The MSH/HCSM also successfully advocated to PPB for existence of CPD framework and guidelines for pharmaceutical cadres.

In support of health systems strengthening at central level, MSH/HCSM also played a key role in supporting health sector policy review in support of implementation of the 2010 constitution of Kenya. MSH/HCSM contributed to the review of the following key health policy documents: *Comprehensive National Health Policy Framework 2011-2030*, the position paper on the implementation of the constitution in the health sector and the Kenya health laws. Specifically MSH/HCSM provided technical input into the Health products and technologies thematic group. Some of the recommendations from this technical assistance included: highlighting stock outs as a key responsibility of the national and county governments, introduction of integrated commodity tracer list for monitoring service delivery, criteria for inventory taking equitable



redistribution of commodities, equipment and basic assets in the counties and review of KEMSA mandate to retain the primary roles of procurement, warehousing and distribution.

MSH/HCSM continued to support PPB in post market surveillance activities and during the reporting period a mini-post market surveillance (mini-PMS) for ARVs and OI medicines was undertaken in 32 facilities in Nyanza and Nairobi Provinces. As a result of this exercise a number of actions were taken which include;

- Counterfeit Zidolam N batch E100766 and A9366 quarantined
- MSF recalled dispensed counterfeit Zidolam-N successfully
- Counterfeit Zidolam N identified and withdrawn from one of the 32 facilities in Nyanza where the survey was undertaken.
- MSH/HCSM assisted NASCOP to develop recommendations that would mitigate recurrence of the same problem. These included expedited merging of supply chains for ARVs into only two; KEMSA& Kenya Pharma

MSH/HCSM has worked toward ensuring that relevant documents are available at the point of service. For example during the reporting period the program disseminated a pharmaceutical services charter and SOPs to selected level 5-6 facilities. The program also supported the finalization of the DOP website so support dissemination of policy guidelines and materials so support quality improvement and service delivery. The website update is complete and awaiting official launch and MSH/HCSM has trained relevant DOP staff on website maintenance.

During the reporting period HCSM supported PPB in conducting several activities aimed at sensitizing/orienting HCWs on pharmacovigilance and increasing reporting, including provision of curriculum, reporting tools and guidelines to facilities, capacity building activities for health workers and finalization of the e-reporting system elements.

These interventions have had a number of positive outcomes including;

- Cumulatively, ADR Reports increased by 119% during the last quarter from 1459 (as at Sept 2011) to 3243(as at Dec 2011).
- Poor quality medicinal product reports increased from 175 to 198 during the last quarter.
- Investigations on the received reports are underway and so far there has been 1 product recall made and 5 alerts issued on poor quality medicinal products, lack of efficacy and ADRs.

There has been a noted increased stakeholder support for Pharmacovigilance for example, 160 health care providers in Nairobi province were sensitized on Pharmacovigilance with support from APHIA *plus*.

By the end of the reporting period HCSM had embarked on strengthening commodity management at district and facility level, beginning with targeting 16 priority districts. As a result, focal champions had been trained in 10 districts and action plans for sites supportive supervision developed. Site supervisions and capacitating of focal champions in the remaining 6 districts are scheduled between January-March 2012 quarter. This initiative will strengthen health commodity management through improving facility inventory management, commodity information management and strengthened pharmaceutical services at lower healthcare levels through improving appropriate medicines use and patient safety. Data on key indicators at baseline, successes and lesson learned from this phase will be instrumental as the program scales up to the targeted 50 priority districts. It is envisaged that by September 2012 these

districts will have; Improved reporting rates, improved inventory management in the health facilities, improved reporting of ADR and poor quality medicines.

## **PART II: ACHIEVEMENTS, CHALLENGES AND PLANNED ACTIVITIES**

### **1. Technical Objective 1: Strengthened MoH commodity management**

This strategic objective focuses on health systems strengthening interventions to improve health commodity management at both facility and central levels. Overall expected outcomes include; Improve reporting rates on commodity usage, improved record keeping at health facilities as well as reduction of stock outs at facility level

**At the central level, the following achievements were realized during the reporting period;**

- **Data collection, reporting tools and indicators**
  - Review of selected FP and malaria manual data collection and reporting tools to incorporate recently introduced malaria – RDTs as well as change to oversight of FP reporting to district pharmacists or DPFs
- Technical support for commodity security and supply chain oversight
  - TORs for HIV commodities committee developed and shared with stakeholders for adoption.
- Capacity building strategies for health commodity forecasting and quantification
  - F&Q reports and procurement schedules developed in previous quarters were used by MoH programs (DLTLD, DOMC and DRH) to plan procurement and call-downs
  - Active participation in Malaria case management TWG meeting which reviewed case management activities to address commodity gaps and ensure uninterrupted inventory supply pipeline for FY 2011/12
  - Supported timely production of monthly stock status reports for FP, ART, Malaria and HIV Lab to inform strategic decision making.
- Data analysis and report writing for third round of Quality of Care survey conducted in 174 health facilities in collaboration with the DOMC and KEMRI Wellcome Trust has been completed and findings disseminated to the malaria case management TWG. Some of the key findings of the survey were:
  - In facilities with both diagnostics and AL there was a noted increase in percentage of patients treated according to guidelines from 36% in second round to 47% in 3<sup>rd</sup> round.
  - 88% of facilities countrywide are able to treat malaria all year round

**At the peripheral level the following were the achievements during the reporting period**

- Provincial Health Commodities technical committees
  - Provincial Health Commodities technical committees comprising the PHMT members and other key stakeholders which include KEMSA, Kenya Pharma, APHIAplus, CDC, CHS set up in 5 regions during the quarter namely Nairobi, Coast, Western, Central and Eastern. Cumulatively seven provincial technical working groups have been formed

- District Health commodities committees
  - Constituted District Health commodities committees in 8 districts: Starehe, Kamukunji, Narok North, , Laikipia East, Isiolo, Garbatula, Mombasa and Kilindini districts
- Dissemination of tools and guidelines
  - Malaria reporting tools (1,126 AL registers, 990 monthly summary tools and 5 district aggregation summary tools) disseminated to facilities countrywide
- Quarterly data collection, review and feedback meetings held in Nairobi, NAL, Rift valley.
  - In Nairobi, a decision was made to mop excess AL up and redistribute to Coast province.
  - In Rift Valley, feedback on National Commodity stock Status and commodity reporting trends was provided
  - In NAL, the DPFs, DASCOS and District malaria co-ordinators were mentored on reporting procedures and use of reported data for decision-making
- Capacity building activities in support of health systems strengthening
  - Jointly with the DHMTs conducted supportive supervision in 6 facilities in Marsabit, 2 in Wajir East, 9 facilities in Kisumu East, 9 facilities Vihiga and Emuhaya districts
  - Orientation of over 65 Champions in 10 districts on Inventory management, Pharmacovigilance (PV) and Appropriate Medicine Use (AMU)
  - DHMT staff sensitized on inventory management with identification of gaps in 16 districts
  - Over 238 facility staff trained on basics of inventory management in continuing education sessions (CMEs). Facility based action plans were developed during these sessions. HCSM will support implementation and follow-up of these action plans.
  - 121 DHMT members in Western and Nyanza Provinces capacitated as TOTs in support of the “pull” system roll out. As a result, TOTs rolled out the “pull” system trainings in 30 districts in Western province and 10 districts in Nyanza province. It is also planned that health facilities in Western will pull commodities from KEMSA starting quarter January-March 2011 while those in Nyanza will do so in quarter April- June 2011.
- Management Information Systems (MIS) strengthening activities
  - Pilot testing of new version of ADT successfully completed in 6 sites – positive feedback received and has been used to update and enhance final version of ADT
  - NASCOP approved the roll out implementation plan for scale up of the updated ADT
  - National orientation on the new version during a CME for 30 TOTs drawn from MoH/NASCOP and national implementing partners
  - Regional TOT orientation for 26 regional TOTs completed in western Kenya
  - Proof of Concept on Reporting of LMIS information via the DHIS2 platform – Data entry and reporting templates developed. Capacity for reporting of malaria LMIS information via the DHIS2 platform developed. MoH malaria team engaged in implementation of this web-based LMIS / DHIS reporting structure

- Contribution to technical discussions on development of reporting tools for Insulin and other non communicable diseases
- Support to the CHAI / Strathmore initiative for availing ARV data for decision making. Also engagement of Strathmore University on possible areas and strategies for collaboration in implementation of HCSM activities – 2 Strathmore students involved in the national ADT TOT orientation.
- A tripartite agreement with CHAI and Strathmore and HCSM was reached and will result in the development of simple commodity use IT solutions for implementation at facility level and increased visibility at national level.

## **2. Technical Objective 2: Strengthened Pharmaceutical Policy and Service Delivery**

This strategic objective focuses on interventions aimed at strengthening health systems that deliver quality pharmaceutical services at public, private and faith-based sector. The overall expected outcome includes; Strengthened pharmaceutical sector governance with the availability of an approved Kenya National Pharmaceutical Policy (KNPP) and implementation plan to guide delivery of pharmaceutical services, Improved Pharmaceutical services, Strengthened medicines quality assurance and pharmacovigilance (PV) and improved pharmaceutical information acquisition and management.

The MSH/HCSM had the following achievements

### **At the national/central level**

- MSH/HCSM provided technical support to the national health sector policy environment primarily through contributions to the finalization of key health policy documents:
  - Comprehensive Health Policy Framework 2011-2030
  - Position Paper on Implementation of the Constitution in the Health Sector
  - Health Laws under the Thematic Group on Health Products and Technologies
- Jointly with NASCOP, DLTD and PPB, MSH/HCSM supported review and finalization of PMS reports for ARVs and anti-TB medicines.
- Jointly with PPB, HCSM conceptualized CPD approach for pharmaceutical cadres. CPD guidelines and implementation plan to finalized in January to March 2012
- In collaboration with NASCOP and PPB the ART-ADR sentinel surveillance protocol was finalized
- Draft revised MTC training curriculum was developed and is awaiting ratification by DOP
- DOP website was updated to facilitate dissemination of policy guidelines & materials in support of quality improvement and service delivery and DOP staff trained on the same.
- Obtained approvals for revision of the Pharmacy Diploma curriculum from KMTC's department of curriculum and research
- Developed draft AMU tools (outpatient prescription sheet, inpatient treatment sheet) and Medication Therapy Management (MTM) guidelines in collaboration with the Department of Pharmacy (DOP) and the Clinical Pharmacists Association of Kenya (CPAK).
- Jointly worked with PPB to develop concept on the Pharmacovigilance e-reporting system. Requirements and scope of work (SOW) for the development of the e-reporting system will be used to source for a suitable vendor in January to March 2012.

### **At the regional level HCSM achieved the following:**

- Mini-Post Market surveillance for ARVs and OI medicines was undertaken in 32 facilities in Nyanza and Nairobi Provinces. This exercise resulted in counterfeit Zidolam N being withdrawn from one facility and recommendations to mitigate recurrence of poor quality ARVs were developed which led to the expedited merging of supply chains for ARVs into only two; KEMSA& Kenya Pharma. Draft report is now available.
- Mapping of institutional MTCs was conducted in 24 out of 30 target facilities drawn from all regions. The status of each of the MTC was determined, needs assessment done and facility-based action plans developed for follow-up support to promote appropriate medicine use.

- HCSM conducted orientations and continuous medical education on Pharmacovigilance as follows;
  - 65 Bachelor of Pharmacy final year students sensitized during a one-day CME conducted by University of Nairobi, PPB and HCSM. Mean pre-test and post test scores were 72% and 82% respectively giving a mean gain score of 10%.
  - 51 healthcare providers drawn from Nyanza/ Western, Rift Valley, Eastern and Northern Arid Lands capacitated as focal champions and action plans developed. Among those trained were 6 TB program officers and representatives from the Anti-Counterfeit Agency and Kenya Revenue Authority. Mean pre-test and post test scores were 82% and 95% respectively giving a mean gain score of 13%. Participants developed action plans that will be used by HCSM for follow-up.
  - Sensitized 32 level 2-3 healthcare providers in Machakos District on pharmacovigilance.
  - 59 DHMT members and 238 level 2-3 facility staff from 12 Districts (Mashakos, Kiambu East, Thika East, Thika West, Gatanga, Kilindini, Mombasa, Garisa ,Bajala, Vihiga, Kakamega and Kisumu East) sensitized on Pharmacovigilance.
  - 10,000 client/patient information leaflets printed to sensitize consumers/patients on suspecting and reporting side effects of medicines to improve patient safety
- Provided pharmacovigilance curriculum, reporting tools and guidelines to:
  - 160 health care providers in Nairobi Province
  - 238 level 2-3 facility staff from 10 HCSM priority districts
  - 21 facilities in Coast
  - 27 facilities in Rift, NEP, Western, Nyanza, Central and Eastern
  - 6 TB Program staff
- Printing and dissemination of tools and guidelines
  - 6000 copies for PV job aids printed and ready for dissemination.
  - Over 1000 copies of the Medicines information and pharmacovigilance newsletters aimed at promoting medication safety through strengthening advocacy for PV and updating HCWs on activities and regulatory actions taken by PPB disseminated to health care workers in the public, private & FBO sectors
  - Six dissemination meetings held in Nyanza, North-Eastern & Nairobi Provinces to sensitize & orientate HCWs on the STGs and the KEML.
  - Total of 240 PHMT/DHMT/ facility staff from 163 facilities trained to lead subsequent dissemination activities at regional/facility level
- Capacity building of 11 ART ADR sentinel sites done as follows:
  - Sensitization on pharmacovigilance (PV)
  - 1 day CME of PV
  - Follow-up of site based PV action plans
  - Dissemination of PV tools

The key outcomes realized from the pharmacovigilance related activities are as follows:

- Cumulatively, ADR Reports increased by 119% during the last quarter from 1459 (as at Sept 2011) to 3243(as at Dec 2011).
- Poor quality medicinal product reports increased from 175 to 198 during the last quarter.

- Investigations on the received reports are underway and so far there has been 1 product recall made and 5 alerts issued on Poor quality medicinal products, lack of efficacy and ADRs.

### 3. Technical Objective 3: Strengthened Laboratory System and Service Delivery

Result area 3 focuses on strengthening the peripheral level laboratory systems to increase availability and accountability for commodities. To achieve this, the program worked both at national and regional level. At the central level, the program put effort in strengthening leadership, oversight and approaches in support of peripheral level access and supply chain systems. At regional level, HCSM collaborated with SCMS, CDC/MSH Lab Support program, regional partners and other relevant stakeholders to strengthen commodity management and access to quality laboratory services. At facility level, HCSM worked to strengthen laboratory commodity information systems to generate reliable commodity data for decision making, and capacity building for health workers to effectively manage and account for laboratory commodities.

#### Achievements:

- The national HIV Laboratory commodity TWG was agreed on; TORs have been developed and awaiting endorsement by NPHLS leadership
- Implementing the new malaria rapid diagnostic test (RDT) guidelines in health facilities in for use of and reporting on RDTs in 33 districts of varied malaria epidemiological zones, as targeted by the national Malaria program, in this exercise 391 Health workers were trained.
- It was agreed that provincial and district Health Commodities technical committees formed (as highlighted under technical objective 1) will address issues of lab commodities alongside other health commodities however Nairobi constituted a separate committee for lab commodities.
- District Health commodities committees
  - District Health commodities committees constituted in 8 districts: Starehe, Kamukunji, Narok North, Laikipia East, Isiolo, Garbatula, Mombasa and Kilindini districts, which also cover pharmaceutical and non-pharmaceutical commodity security issues.
- Orientation on Lab commodity management
  - Orientation of over 65 Champions in the 10 districts on Inventory management for laboratory commodities
  - Over 238 facility staff oriented on basics of inventory management, also covering inventory management for laboratory commodities
  - 391 Health workers oriented on the use of and reporting for RDTs from 33 epidemic preparedness response (EPR) districts and action plans were developed after the orientation.
- In support of health systems strengthening, HCSM worked jointly with the Ministries of Health to develop and review the following documents:
  - Draft revised Job Aid on Quantification
  - Draft Lab Commodity Management (LCM) SOPs
  - LCM curriculum in modular formats
  - TOT curriculum on LCM
  - Lab Job aid on Quantification.

The documents are due for adoption as MOH documents in the coming quarter.



### **PART III: CHALLENGES DURING THE REPORTING PERIOD AND PRIORITIES FOR JANUARY-MARCH 2012 QUARTER**

The main challenges faced by HCSM during the reporting period:

- Slow start-up of DOP-dependent activities due delays in concretizing mode of engagement between MSH/HCSM and DOP's role in providing oversight at central and regional levels for commodity management. This has since been resolved
- Delays in approvals from the Ministries of Health, competing activities and tasks have slowed implementation of some planned activities such as the Medicines & Therapeutics Committee curriculum and National Laboratory commodity committee.
- Competing priorities at regional level among provincial and district staff, e.g. the polio vaccination campaign, Malezi Bora, also delayed some activities with non-availability of focal staff.

Key priority area for January-March 2012 quarter

- Formalize the MOH (DOP, DON & programs) & HCSM joint activity implementation secretariat
- Finalize and implement orientation materials for Facility Support package and scale-up from 16 to 50 districts
- Advocate for the provincial and district commodity security/management committees to plan, budget and lead commodity management support supervision for facilities as well as undertake regular commodity data review meetings
- Print and collaborate with Program, regional MoH and implementing partners to disseminate LMIS tools as well as support review of LMIS tools for TB commodities.
- Develop and implement orientation package to undertake joint sensitization of DPFs on new role in FP and TB commodity management and reporting at district level
- Orient MoH central focal commodity managers programs on pipeline monitoring
- Finalize regional roll-out of orientation of ARV ordering point TOTs on revised ADT software tool
- Develop simple MIS tools for facility level jointly with Strathmore University and CHAI
- Support the planned review of pharmacy & health laws; the finalization of the National Health Policy Framework and the MOH position paper on the implementation of the constitution in the health sector
- Development and piloting of the PV E-reporting system
- Capacity building for selected MTCs in Coast, Rift Valley and Central Provinces
- Dissemination meetings for the National Clinical Management and Referral Guidelines and the KEML for the remaining provinces (Rift Valley, Coast, Western, Eastern and Central )

## PART IV: HCSM Program Activity Progress Matrix

	Indicator Ref	Output	Source	Planned Activities (These include activities that were planned for in the last quarter, and any other new additional activities)	Activity Status (This column states if activity has been completed, ongoing, Not done)	Reasons for Variance	Action plan (Brief explanation on what will be done about the variance)
<b>Result Area 1: Strengthened MOH Commodity Management (Technical Area I)</b>							
AOP 6: Section 3.1	Ensure functional stakeholders forums at provincial and district levels	Strengthened PHMTs and DHMTs oversight and coordination of stakeholders at regional level to promote health commodity security	AOP 6:- Table 3.1 (page 12)	1: Develop and implement a coordinating mechanism for health commodity security at regional level in collaboration with regional health management teams	<b>Completed</b> <ul style="list-style-type: none"> <li>Provincial Health Commodities technical committees comprising the PHMTs and other key stakeholders, such as KEMSA, Kenya Pharma, APHIAplus, CDC, CHS set up in 5 regions during the quarter, namely Nairobi, Coast, Western, Central and Eastern. Cumulatively 7 provincial commodity technical working groups have been formed.</li> <li>Developed TORs for health committees for Western, Central, Nairobi and Coast regions</li> <li>Action plans developed for Nyanza, Nairobi, and Coast provinces</li> <li>Supported the PHMT in Nyanza and Rift valley to convene the quarterly health commodities committee meeting.</li> </ul>	Meeting with the PHMTs hindered by competing priorities for the PHMT, PMST teams (Malezi Bora, polio campaigns, etc)	Commodity management will be included as part of the supportive supervision agenda for the PHMTs and DHMTs
				a) Jointly with PHMTs / County HMTs and other key stakeholders, constitute eight (8) regional health commodities management committees, 50 district health commodities management committees with appropriate TORs by end December 2011  b) Advocate and provide support for inclusion of FBO sector in regional health commodity management coordinating forums by end December 2011	<b>Ongoing</b> <ul style="list-style-type: none"> <li>Advocated and ensured the inclusion of 2 FBOs, namely CHAK and KEC, in the 5 health commodities committees formed during the quarter (Nairobi, Coast, Western, Central and Eastern) and MEDS in the Rift Valley provincial health commodities technical committee.</li> </ul>		

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AOP 6:Section 5.1.2 DDPC proposed AOP 7, M&E section (page 15) PMI Kenya MOP FY10, M&E Table (page 53) AOP 6:Sections 4.2.1.3; 4.2.4 (page 38)	LMIS tools reviewed, printed and disseminated LMIS tools revised, printed and distributed to SDPs Strengthened quality and timeliness of data by the various data sources (HMIS, LMIS). Regional commodity management teams who are capacitated to implement manual and electronic LMIS tools to support acquisition of commodity data for decision-making  Quarterly review meetings held by the regional commodity management teams and partners to strengthen commodity usage reporting and feedback	AOP 6 : Table 5.2 (page 75); Table 5.2 (page 71) PMI Kenya Malaria Operational Plan FY10, M&E Table (page 53)	2: Strengthen commodity use information management for decision making at regional level in 8 regions to strengthen commodity usage reporting and feedback a) Develop/review and avail manual and/or electronic LMIS tools as appropriate to health facilities and 50 district stores by end June 2012  b) Build capacity (in data collection and analysis) of at least 3 district level staff in each of the 50 districts to enable quarterly data	<b>Malaria program:</b> - Data collection (DAR) manual tool for Malaria RDTs developed to incorporate new program commodity - RDTs and provided to 5 pilot and 33 EPR (epidemic- preparedness response) initial districts. - Malaria reporting tools (1,126 AL registers, 990 monthly summary tools and district summary tools) disseminated to health facilities countrywide and 5 new districts on a needs-basis. <b>ARV program:</b> - HCSM provided technical guidance for consensus building by NASCOP and stakeholders on procedure to be used to undertake mapping of ART and PMTCT sites. - Ongoing: collection of the mapping data from the regions. - Worked with NASCOP to present initial draft HIV Nutrition LMIS tools and logistics system in stakeholder meetings for comments. <b>FP program:</b> - District reporting (CDRR) manual tool updated in line with recent MoH circular for oversight of FP commodity reporting by district pharmacists. <b>TB program:</b> - Recommendations for revision of TB/leprosy pharmacy tools developed in TB commodity security meeting.  <b>Other:</b> - Collaborated with KEMSA, MoH programs and other stakeholders to develop minimal list of commodity data elements to be used for development of future national LMIS database - Reviewed draft pharmacy indicators submitted to Division of HIS for the national HIS indicators through HCSM providing technical guidance to Dept of Pharmacy.	TB LMIS tools Design workshop postponed to Jan 2012.	- Finalise inclusion of RDTs into Malaria manual and electronic reporting tools. Review FP electronic reporting tools. - Print and disseminate revised FP and Malaria reporting tools - Re-design TB LMIS tools through TB LMIS stakeholder workshop in early 2012 - Provide consistent support to DOMC for follow-up of reporting for malaria commodities  - Support NASCOP in implementation of pilot of the HIV Nutrition LMIS  - Ongoing technical guidance to key MoH programs, DoP and KEMSA to support implementation of national LMIS database	

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					<p>Ongoing: Quarterly data collection, review and feedback meetings feedback meetings held in Nairobi, NAL, Rift valley.</p> <ul style="list-style-type: none"> <li>– In Nairobi, DPFs, DASCOS and District malaria co-ordinators mentored on reporting procedures and use of reports to provide data for decision-making. Key result: a decision made to mop up excess AL in Nairobi region and re-distribute to Coast province; assessment of availability of ART tools undertaken by DPFs &amp; DASCOS and identified gaps filled.</li> <li>– In Rift valley, RH/FP program coordinator supported to give feedback on FP commodity stock status and commodity reporting trends during consultative forum of District RH coordinators.</li> <li>– In NAL, intervention to improve reporting rates with DHMT and APHIAplus DFC staff in Samburu district through review of reporting rates for Lab commodities - agreed on support of delivery of facility reports to Isiolo to link to the routine courier system to KEMSA/LMU.</li> </ul>	Approval of this activity by provincial commodity committee and this was not got partly because of competing priorities among the regional teams and lack activity plans which are yet to be developed	Provide ongoing support to regional health management teams to conduct regular data collection, review and feedback meetings on commodity management

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AOP 6:Section 5.1.2	Support supervisory field visits conducted 4 integrated supervisory visits to each province done and reports compiled	Integrated health commodities Support Supervision at health facilities conducted by the Regional health teams (PHMTs and DHMTs/county HMTs)  Comprehensive package for integrated supportive supervision for commodity management	AOP 6 Table 5.2 (page 71) MoPHS/DCLM proposed AOP7, Section 3.1	3: Review and disseminate a comprehensive package for integrated supportive supervision for commodity management at regional level a) Review and finalize a comprehensive package for Integrated Supportive Supervision for commodity management by March 2012  b) Mentor PHMTs in 8 regions and DHMTs in 50 districts to undertake quarterly integrated health commodities support supervision missions from April 2012 using the integrated supportive supervision package.	<b>Ongoing:</b> <ul style="list-style-type: none"> <li>Developed facility level checklist and district store checklist to be used by the DHMTs and HCSM staff during the joint quarterly supportive supervision in the districts</li> </ul> <b>Ongoing</b> <ul style="list-style-type: none"> <li>Jointly with the DHMTs conducted supportive supervision in 6 facilities in Marsabit, 2 facilities in Wajir East, 14 facilities in Kisumu East, 15 facilities in Vihiga and Emuhaya districts, 15 facilities in Mombasa, 15 facilities in Kilindini districts.</li> <li>Conducted OJT on inventory management (receiving, issuing , good storage practices), Pharmacovigilance tools and good record keeping during supportive supervision</li> </ul>		

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Expected outcome 2: Strong and Effective MoMS/MoPHS stewardship and technical leadership in supply chain management / Commodity Security							

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AOP 6: Section 3.2, Table 3.1, page 12 (Sector Priority interventions in AOP 6)  Section 5.1.2, Table 5.2, page 75 (Disease prevention and control)	Strengthen sector stewardship and partnerships with all stakeholders  Operations of technical working groups (TWG) strengthened	MoMS / MoPHS supported to operationalize ICCs and technical working groups with a key mandate to formulate and implement commodity security policies  Monthly Stock status summary reports generated by MoMS / MoPHS at central level of priority programs including malaria, ART FP, TB at regional level	AOP 6AOP 6, Table 3.1 (page 12)  AOP 6, Table 5.2, page 75 (Disease prevention and control)	4: Provide technical leadership for commodity security and supply chain oversight at national level  a) Provide Technical leadership for review of TORs and membership of health commodity-related TWGs, committees and ICCs to ensure they address supply chain and commodity security elements by Dec 2011  b) Provide TA for review, finalization and implementation of supply chain audit toolkit and support SCOC in supply chain audit in level 5 facilities  c) Develop and implement stock status summary reporting package for central and regional level by June 2012  d) Review the central level tracer lists for health commodities to create an integrated Tracer list, for commodity security oversight activities by March 2012	<b>Completed:</b> <ul style="list-style-type: none"><li>For the quarter, supported timely production of monthly stock status reports for Malaria, FP, ART and HIV Lab; as well as PPMR reports for FP and Malaria. The monthly stock status reports informed procurement and call-downs of program commodities to boost the commodity stock status, including 1.7 million RDTs procured through PMI and initiation of emergency procurement of injectables supported by USAID. This led to continued stock status visibility and build-up of stock levels ahead of the holiday season.</li><li>All priority programs (TB, Malaria, FP and ART) held commodity security meetings to review and guide program strategies for commodity security during the quarter. For Malaria, the monthly stock status appraisal informed the action to organize re-distribution of over 20,000 doses of ACTs from Central province to Nyanza, thus averting medicine expiries.</li><li>PPMRm report for October 2011 for Kenya disseminated to all PMI countries through the MSH US office.</li><li>TOR for the HIV Commodities committee developed and presented to stakeholders for adoption.</li></ul> <b>Ongoing</b> <ul style="list-style-type: none"><li>Development of an integrated stock status summary reporting package for central and regional level for health commodities</li><li>Development of strategy with DOP to guide revival of supply chain audits. Preliminary meetings with DOP focal persons have been held to guide the approach to implementation of this activity.</li></ul>	Competing priorities among different programs  Delay in concretizing mode of engagement with DOP.	Development of TORs for other MoH priority programs (Malaria, FP and TB)  Initiate development of SCOC strategic plan  Finalization and implementation of integrated stock status summary reporting package for central and regional level

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AOP 6: Section 5.4.8 Procurement	Ensuring security for commodities and supplies	Annual forecasting and quantification undertaken and procurement plan schedules developed and disseminated.	AOP 6 (page 118)	<p>5: Develop / review guidelines and tools, and implement capacity building strategies for health commodity forecasting and quantification</p> <p>a) Develop / review training packages, SOPs, Job Aids and strategies for national and facility level on integrated health commodity forecasting and quantification, procurement planning and pipeline monitoring guidelines targeting key officers in priority MoH programs (DOMC, NASCOP, DRH, DLTLD), DOP, DVI and Department of Nursing (DON) by March 2012</p> <p>b) Mentor 12 senior health workers at national level on forecasting and quantification, procurement planning and pipeline monitoring</p>	<p><b>Completed</b></p> <ul style="list-style-type: none"> <li>For the quarter, provided TA to monthly program commodity security committee meetings. In FP/RH meetings, strategic decisions on FP/RH commodities were made to ensure commodity security during the FY2011/2012 while in Malaria case management TWG meeting, a review of case management activities to address gaps and ensure uninterrupted inventory supply pipeline for FY2011/12 was conducted respectively.</li> </ul> <p><b>Ongoing</b></p> <ul style="list-style-type: none"> <li>The annual F&amp;Q reports and procurement schedules developed in previous quarters are being used by the Malaria and TB programs to undertake procurement of TB and malaria medicines, such as 5.4 million doses of AL supported by PMI in the quarter.</li> <li>HIV commodity F&amp;Q for 2011/12</li> </ul> <p><b>Ongoing</b></p> <p>Forecasting and quantification, procurement activities were conducted collaboratively between MSH/HCSM and MoH with active participation by senior staff in HIV, Malaria, RH/FP and TB programs</p>	Harmonization of approaches not yet accomplished	<p>Development of harmonized approach to integrated F&amp;Q through a PSC-ICC.</p> <p>Finalization of HIV commodities F&amp;Q report for FY 2011/12</p> <p>Review of FP/RH commodity F&amp;Q planned for January 2012</p> <p>Orientation of MoH and stakeholder staff on Pipeline software and implementation of Pipeline monitoring tools</p>



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MOMS Strategic plan, Table 6.7 (page 28); Table 5.14 (page 94-96) (page 37)  AOP 6 Table 4.6	Pre- and In-service EMMS curricula developed	Facility staff and regional commodity management teams supported to implement capacity building approaches in commodity management	MOMS Strategic plan (page 37)	6: Develop / review and disseminate curricula and training materials to improve commodity management a) Develop integrated pre-service commodity management curricula for tertiary training institutions (universities and medical training colleges) by Sept 2012	<b>Completed</b> Orientation package for Facility support in inventory management, pharmacovigilance and appropriate medicines use for 16 initial HCSCM priority districts developed. Thereafter the package will be rolled out to a total of 50 districts by Sept 2012  <b>Ongoing</b> Review of National ART Commodity Management Curriculum for PHC Settings on-going	Unavailability of key stakeholder due to competing priorities	Convene one working meeting to finalize revision of ART Commodity Management Curriculum for use in tertiary training institutions
				b) Implement in-service curricula on commodity management for facility level in collaboration with at least 2 tertiary training institutions such as KMTC, Kenya Institute of Supply Management (KISM), Strathmore College, and the Training TA, by Sept 2012	<b>Ongoing</b> <ul style="list-style-type: none"> <li>Revision of costing for the course by KMTC in lieu of inflation is currently on-going</li> <li>Procurement process for printing of the training materials on-going</li> <li>Plans for the first in-service training on Effective Management and Appropriate Medicines Use scheduled for February 2012</li> </ul>		Follow Up and assist KMTC with training preparations
				c) Jointly with APHIA Plus, and other stakeholders, undertake regional Training of Trainers (TOT) to capacitate 40 trainers in health commodity management by June 2012	<b>Ongoing</b> Conducted activities aimed at strengthening of commodity management in 10 districts:- <ul style="list-style-type: none"> <li>Orientation of over 65 district focal Champions selected by DHMTs in 12 (Machakos, Kiambu East, Thika East, Thika West, Gatanga, Kilindini, Mombasa, Garisa, Ijara, Vihiga, Kakamega and Kisumu East) districts on Inventory management, PV and AMU.</li> <li>Over 238 facility staff trained on basics of inventory management. Action plans were developed after the training.</li> <li>In 16 districts, DHMTs were sensitized and commodity gaps and priorities for intervention identified.</li> </ul>		
				d) Jointly with DANIDA, APHIA Plus and other stakeholders, undertake 2 regional TOTs to capacitate 60 trainers nationally in "pull" system by Sept 2012	<b>Ongoing:</b> <ul style="list-style-type: none"> <li>121 DHMT members in Western and Nyanza Provinces capacitated as TOTs in support of the 'Pull' system roll out.</li> <li>TOTs have rolled out the trainings in all districts in Western province and 7 districts in Nyanza province. Facilities in Western will pull commodities starting quarter January- March 2011 while those in Nyanza will do so in April- June 2011.</li> </ul>		Finalize preparations for and conduct TOT Training for North Rift Valley Province in February, 2012.

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				e) Develop/review a package for commodity management at community level (CHWs) by Sept 2012	<b>Ongoing:</b> Internal review of CHW commodity management training package conducted and gaps have been identified		Convene stakeholders meeting to build consensus on identified gaps and develop training package
AOP 6: Section 5.1.2 Disease Prevention and control  Table 5.2. Ensuring security for commodities and supplies.	Logistics Management Information System (LMIS) in place	MOMS/MOPHS and priority programs supported to assess their health commodity Management Information System (MIS) requirements and develop and implement interventions to commodity data management  MOH commodity MIS mapping report and implementation plan.	AOP 6 Table 5.2 (page 71) Table 5.16 (page 100)  MoMS Strategic Plan 2008-12,	7: Review the MoH health commodity electronic MIS requirements at central and peripheral levels to identify gaps, design and implement interventions  a) Review the ADT tool and scale up the user sites from the current about 190 sites to 350 service delivery points, by Sept 2012	Completed <ul style="list-style-type: none"> <li>Pilot testing of new version of ADT successfully completed in 6 sites – positive feedback received</li> <li>Feedback from pilot has been used to update and enhance final version of ADT</li> <li>Development of an ADT orientation package completed. Package consists of <ul style="list-style-type: none"> <li>TOT Orientation Presentations</li> <li>TOT Action Plan and Reporting Templates</li> <li>ADT JOB AID and E-Flyer (PDF and Word Formats )</li> <li>ADT USER GUIDE</li> <li>ADT Site Readiness Assessment Guide</li> <li>Trainers Guide for OJT on ADT</li> <li>OJT Feedback Report Template</li> <li>CDROM with entire Package of Handouts + ADT SOFTWARE and PATCH</li> </ul> </li> <li>National TOT orientation (Nairobi) and 1 regional orientation (Western) completed</li> </ul>		
				b) Review the Inventory Tracking tool (ITT) and support its use in 50 district stores, including district stores, by September 2012	Ongoing <ul style="list-style-type: none"> <li>Checklist for assessment of site implementation readiness developed [both for main drug stores and for Laboratory stores]</li> <li>Strategy for mapping of current usage status of ITT at targeted sites developed</li> <li>A field visit to EDARP undertaken for a thorough review on usage and improvement needs for an inventory tool</li> </ul>		

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				c) Adapt the existing MIS tools to incorporate new functionalities and technologies, and enhance integrated reporting e.g. by use of web-based and mobile data transmission technologies.	<b>Ongoing</b> <ul style="list-style-type: none"> <li>• Development and testing of interoperability concept at Thika DH in collaboration with ICAP and an associated UNITID fellowship student</li> <li>• Implemented the tested concept – now capturing of patient demographics only done at one system (CPAD) and immediately availed to the other system (ADT)</li> <li>• Developed concept for a standards based interoperability strategy between facility EMR system (CPAD) and the Pharmaceutical System (ADT) in collaboration with ITECH. [Use of standards will enable ADT interoperability with any other EMR system, not just CPAD]</li> </ul> <b>Other ongoing MIS initiatives</b> <ul style="list-style-type: none"> <li>• Proof of Concept on Reporting of LMIS information via the DHIS2 platform – Data entry and reporting templates developed</li> <li>• Capacity for reporting of malaria LMIS information via the DHIS2 platform developed – Data entry and reporting templates developed. MoH malaria team engaged in implementation of this web-based LMIS / DHIS reporting structure</li> <li>• Contribution to technical discussions on development of reporting tools for Insulin and other Non-communicable diseases</li> <li>• Support to the CHAI / Strathmore initiative for availing ARV data for decision making</li> <li>• Engagement of Strathmore University on possible areas and strategies for collaboration in implementation of HCSM activities – 2 Strathmore students involved in the national ADT TOT orientation.</li> <li>• A tripartite agreement with CHAI and Strathmore and HCSM was reached that will result in the development of simple commodity use IT solutions for implementation at facility level and increased visibility at national level</li> </ul>		

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				d) Provide technical leadership in planning and mapping of MIS systems for managing health commodities in public and FBO health facilities by December 2011	<b>Ongoing</b> <ul style="list-style-type: none"> <li>Completed a rapid assessment to determine usage levels for ADT at all ordering sites in Kenya.</li> <li>Used Information gathered to develop and populate an ADT master database</li> <li>Data collection completed for 209 out of the 254 ordering sites.</li> <li>Analyzed the Data collected in assessment of usage levels for ADT at all ordering sites in Kenya and used it to inform the strategy for partner involvement in scaling up and supporting ADT at public health facilities</li> </ul>		Assessment to establish usage of other commodity MIS tools in use at health facility scheduled for next quarter
				e) Build capacity of health workers in the 50 select districts for the implementation of the electronic tool, by July 2012	<b>Ongoing</b> <ul style="list-style-type: none"> <li>Concept paper and implementation plan for scale up of orientation and implementation of update ADT developed, discussed and approved by NASCOP</li> <li>National TOT orientation done for MoH, national Implementing Partners and regional HCSC staff <ul style="list-style-type: none"> <li>Orientation for 30 national and regional TOTs completed</li> </ul> </li> <li>Regional TOT orientation done for MoH and regional implementing partners in Western Kenya <ul style="list-style-type: none"> <li>Orientation for 26 regional TOTs completed in Kakamega on 8 &amp; 9th Dec 2011</li> </ul> </li> </ul>		
				f) Build regional capacity to roll out the electronic tool by engaging regional partners to provide on-site support and maintenance for electronic tool by Sept 2012	<b>Ongoing</b> <ul style="list-style-type: none"> <li>Concept paper on joint implementation of the tools with oversight by MOH and collaboration with the regional partners has been developed and adopted by MoH (NASCOP)</li> <li>Templates for development of partner Action Plans in support of the implementation; as well as reporting also developed</li> <li>Partner Action Plans in support of the ADT implementation and routine maintenance developed at the national and regional TOT workshops</li> </ul>		

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PMI Kenya Malaria Operational Plan FY10		Rational use and availability of key anti-malarials determined; Overall malaria case management quality care improved	Malaria M&E plan (page 56) PMI Kenya Malaria Operational Plan FY10 (Table 2, FY2010 Planned Obligations Kenya, pg48)	<p>8: Provide technical guidance to undertaking bi-annual surveys on health commodity management issues</p> <p>- Provide technical guidance, coordination and support for the Bi-annual Quality of Care Surveys - end use verification/ monitoring of availability of key antimalarial commodities at facility level</p> <p>- Undertake surveys on health commodity management issues at regional and facility level</p>	<p><b>Completed</b></p> <ul style="list-style-type: none"> <li>Data analysis and report writing for third round of Quality of Care survey conducted 174 health facilities collaboration with the DOMC and KEMRI Wellcome Trust has been completed and findings disseminated to the malaria case management TWG</li> <li>Key findings of this survey included: <ul style="list-style-type: none"> <li>Increase in percentage of patients treated according to guidelines from 36% in second round to 47% in the third round of the surveys.(for facilities with both diagnostics and AL)</li> <li>88% of facilities countrywide able to treat malaria all year round as shown by data from the survey and monthly callbacks to facilities.</li> </ul> </li> </ul> <p><b>Completed</b> Rapid assessment of selected District stores in seven provinces done.</p> <p><b>Ongoing</b> Draft assessment report done</p>		<p>Regional dissemination</p> <p>Dissemination of district stores assessment report</p> <p>Follow up on the findings and recommendation</p>

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Expected outcome 3: Effective coordination and harmonization of GoK and development partners' activity in the sub-sector by the procurement and supply chain ICC (PSC-ICC)							
AOP 6: Section 3.1	Complete establishment of sector coordination process and ICCs and SWAp secretariat Documentation of secretarial function for sector coordination structure available.  Ensure meeting of different coordination structure are taking place	1. A functional PSC-ICC that provides strong and effective leadership, coordination and harmonization of GoK and donor activities related to commodities management	AOP 6:- Table 3.1 (page 12);  Table 5.31, (page 116); Section 6.2 (pg 124)	9: Provide Technical leadership for review of TORs and development of work plan for the PSC-ICC  a) Provide technical leadership for review of TORs and membership; identify TWGs and development of work plan for an expanded PSC-ICC for overall health commodity oversight by June 2012	<b>Ongoing</b> Engagement of stakeholders (DOP partners DANIDA, USAID, World Bank) has resulted in common agreement to revitalize the ICC and expand its mandate to a coordination mechanism addressing both products and services.	-Delay in concretizing mode of engagement with DOP to provide country ownership and leadership.	-Jointly with DOP, set up meeting with PS to bring HCSM work to her attention for Policy level support.  -A meeting for the stakeholders in the PSC ICC.
<b>Result Area 2: Strengthened Pharmaceutical Policy and Service Delivery ( Tech Area II)</b>							
AOP 6 5.2.6	Pharmacy: Ensuring security for commodities and supplies	Functional hospital MTCs in existence in 30 level 4-6 hospitals across all sectors Improved pharmaceutical services as	MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic	Activity 10. Technical and operational support to establishment of functional hospital MTCs in 30 level 4-6 hospitals across all sectors  a. Revision and finalization of MTC guidelines and training materials by March 2012	<b>Ongoing</b> Draft revised MTC training curriculum done	Planned finalization of MTC training materials did not take place due to completing priorities among the counterparts in DOP	Work with DOP toward finalization MTC training curriculum during the next quarter

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		availability of STGs and EML from 47% and increase in tracer conditions treated according to recommender treatment guidelines from 6.9% to 15% for diarrhea and 22% to 40% for Malaria	thrust 7)  AOP 6;  KNPP 2010 (3.6.1) Promoting appropriate medicines use	b. Capacity building of institutional MTCs by June 2012	Planned training of the 2nd Cohort MTCs not carried out	DOP was to lead this activity however they were an able to due to competing activities	Activity carried over to the next quarter with targeted capacity building of selected MTCs planned in Coast, Rift-valley and central provinces
					<b>On-going</b> Mapping of institutional MTCs conducted in 24 of the target 30 facilities drawn from all regions; MTC status determined, needs assessment done and follow-up action plans developed for follow-up support.	Activity on-going; assessment of all target facilities not completed due to competing activities	Activity to be completed next quarter and a comprehensive report compiled
AOP 6 5.3.7 5.2.2	Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and service delivery staff  Standards and Regulatory Services	CPD material developed and targeted regional CPD sessions to private/community based practitioners undertaken	AOP 06; KNPP 2010 (3.9.3) Pharmaceutical Human Resource Utilization	<b>11.</b> Support CPD development and implementation plan targeting all sectors in the areas of commodity management and appropriate medicines use	<b>Completed</b> Jointly with PPB conceptualized CPD for pharmaceutical cadres for implementation in 2012  <b>Ongoing</b> Participated and presented on CPD in a joint Regulatory boards meeting organized by University of Maryland during which a standardized approach for regulation of pre-service, internship and CPD programs was agreed upon.		Stakeholder meeting to finalize the CPD guidelines is planned for next quarter- Jan-March 2012

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AOP 5.2.6	Pharmacy: Capacity strengthening and retooling of management support, and service delivery staff	Pharmaceutical services operational manual, charter, and standard operating procedures finalized and disseminated	AOP 6  MOMS strategic plan 2008-2012 pg.15	Activity 12. Technical and operational support for quality improvement and service delivery at all levels of the health system by March 2012;  a. Support to finalization and dissemination of pharmaceutical services operational manual	<b>Ongoing</b>  Draft pharmaceutical services operations manual available		Finalization of the pharmaceutical services operations manual
				b. Support to finalization & dissemination of the Pharm. Services charter and SOPS	<b>Ongoing</b> – 200 copies of the pharmaceutical services charter and SOPs aimed at improving pharmaceutical governance and service delivery disseminated to selected level 5-6 facilities during the quarter.		
				c. Provide technical assistance for finalization and launching of the DOP website by March 2012.	<b>Ongoing</b> On-going finalization of website content; website available- www.pharmacy.or.ke		Launch of DOP website planned for 2012
				d. Support capacity building of the department's staff on website maintenance and content management by March 2012.	<b>Ongoing</b> – Updated/current DOP website to support dissemination of policy guidelines & materials to support quality improvement and service delivery – DOP staff trained on the same		



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AOP 6 5.3.4	KMTC: Policy formulation and strategic planning	Pharmaceutica l care and management modules for pre-service level developed	AOP 6 MOMS Strategic Plan 2008- 2012 pg 36 (Results framewor k strategic thrust 7)	<p>Activity 13. Support finalization and integration of pharmaceutical care and management topics in pre-service training curricula for tertiary level training institutions by 2012</p> <p>-TA for integration of pharmaceutical management and care into pre-service training</p>	<p><b>Completed</b> Training Needs Assessment Questionnaires for UoN pharmacy degree students completed and analyzed</p> <p>Approvals for revision of the Pharmacy Diploma curriculum have been obtained from the KMTC department of curriculum and research.</p> <p><b>Ongoing</b> The Dean UoN, School of Pharmacy, has issued a memo to the curriculum review committee to organize meeting for HCSM to present proposed course content on pharmaceutical care and management.</p>		<p>Follow up on administration of training needs assessment questionnaire by KMTC Department of Pharmacy Lecturers to practicing pharmaceutical technologists, analyse the responses and utilize the findings in formulating the curriculum.</p> <p>Follow up on meeting with UON pharmacy curriculum review committee</p> <p>Provision of technical input in the inclusion of identified topics in the KMTC and UoN pharmacy training materials</p>

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Expected outcome 2: Strengthened medicine quality assurance and pharmacovigilance							
AOP 6 5.3.7	Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and service delivery staff	50 focal champions equipped with pharmacovigilance knowledge, skills and tools	AOP 6 Draft PPB AOP 7 2011-2012	Activity 14. Technical and operational support in orientation/sensitization of health care workers in all sectors using the national pharmacovigilance materials with a focus on priority programs HIV/AIDS, TB, and Malaria	<b>Ongoing:</b> <ul style="list-style-type: none"> <li>65 Bachelor of Pharmacy final year students sensitized on pharmacovigilance during a one-day CME conducted by University of Nairobi, PPB and HCSM. Mean pre-test and post test scores were 72% and 82% respectively giving a mean gain score of 10%.</li> <li>51 healthcare providers drawn from Nyanza/ Western, Rift Valley, Eastern and Northern Arid Lands trained as focal champions and action plan developed. Among participants were 6 TB program officers and representatives from the Anti-Counterfeit Agency and Kenya Revenue Authority. Participants developed action plans. Mean pre-test and post test scores were 82% and 95% respectively giving a mean gain score of 13%.</li> <li>Sensitized 32 level 2-3 healthcare providers in Machakos District on pharmacovigilance.</li> <li>59 DHMT members and 238 level 2-3 facility staff from 10 Districts sensitized on Pharmacovigilance.</li> </ul>		Support implementation of institution based action plans developed during the training.  Conduct sensitizations on pharmacovigilance for facility staff in the 50 HCSM priority districts
AOP 6 5.3.7; 5.1.2	Pharmacy and Poisons Board: Ensuring security for commodities and supplies.  Disease Prevention and control	Institutionalization of post-marketing surveillance for strengthened medicines quality assurance and pharmacovigilance	AOP 6 KNPP 2010 (2.5.2.4) Ensuring access to medicines : Quality, safety and efficacy	Activity 15. Technical and operational support to PPB for post marketing surveillance surveys/activities in collaboration with NASCOP, DOMC, DLTLD, other programs and stakeholders (This will involve building capacity for: a) analysis and documentation of post marketing surveillance surveys results by March 2012  b) dissemination of post-marketing surveillance surveys/activities reports by September 2012)	<b>Completed</b> <ul style="list-style-type: none"> <li>A mini-PMS survey for ARVs and OI medicines undertaken in 32 facilities in Nyanza and Nairobi Provinces. Counterfeit Zidolam N was mopped up jointly with partners. Draft report available.</li> <li>PMS reports for ARVs and anti-TB drugs reviewed and finalized.</li> </ul>		Summary of mini-PMS of ARVs and OI medicines to be shared with key HIV stakeholders next quarter  Dissemination of ARV, Anti-TB and Malaria reports scheduled for next quarter.

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AOP 6 5.3.7	Pharmacy and Poisons Board: Ensuring security for commodities and supplies	Improved awareness and participation of the community in strengthening medicine safety and quality.	AOP 6 KNPP 2010 (2.5.2.4) Ensuring access to medicines: Quality, safety and efficacy	<p><b>16.</b> Technical and operational support to PPB for strengthening PV at consumer level</p> <p>a) development and provision of required tools and IEC materials by June 2012</p>	<p><b>Completed</b></p> <p>10,000 client/patient information leaflets printed to sensitize consumers/patients on suspecting and reporting side effects of medicines to improve patient safety</p>		<p>Disseminate patient information leaflets</p> <p>Develop IEC reporting poor quality medicines</p>
AOP 6 5.3.7	Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and service delivery staff	Pharmacovigilance reporting tools printed and disseminated to 1000 facilities and E-system implemented to boost reporting	AOP 7 2011-2012	<p>Activity 17. Support to PPB to:</p> <p>a. Review, print and disseminate pharmacovigilance training curriculum, job aids, manuals and reporting tools.</p>	<p><b>Ongoing</b></p> <ul style="list-style-type: none"> <li>– Provided pharmacovigilance curriculum, reporting tools and guidelines to: <ul style="list-style-type: none"> <li>- 160 health care providers in Nairobi Province</li> <li>- 238 level 2-3 facility staff from 10 HCSM priority districts</li> <li>- 21 facilities in Coast</li> <li>- 27 facilities in Rift, NAL, Western, Nyanza, Central and Eastern</li> <li>- 6 TB Program staff</li> </ul> </li> <li>– 6000 copies for PV job aids printed and ready for dissemination.</li> <li>– Dissemination plan for PV job aids drafted and presented to and approved by PPB</li> </ul>		<p>Finalize printing of pharmacovigilance materials</p> <p>Disseminate PV reporting tools and job aids</p> <p>Initiate work on e-reporting system</p>
				<p>b. Implement an electronic system to boost reporting</p>	<p><b>Ongoing</b></p> <p>Concept paper on the e-reporting system developed with and approved by PPB. Requirements and SOW for the development of the e-reporting system developed jointly with PPB team</p>		<p>Identification of suitable vendor for the development of the e-reporting system.</p>

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AOP 6 5.3.7	Pharmacy and Poisons Board: Resource mobilization and partner coordination	20 PPB and MOH staff equipped in pharmacovigilance data management and use; including pharmacovigilance information sharing, feedback and communication for decision making	AOP 6  MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7)	Activity 18. Technical and operational support for PV data acquisition and information management for decision-making – Support to courier system for pv data acquisition	<b>Ongoing</b> HCSM support for courier services on-going to facilitate delivery/ transmission of reports from peripheral facilities to PPB in Nairobi		
				– TA for PV data management and use) TA for PV information sharing, feedback and communication for decision making e.g. pharmacovigilance newsletters by September 2012	<b>Ongoing</b> Over 1000 copies of the Medicines information and pharmacovigilance newsletters aimed at promoting medication safety through strengthening advocacy for PV and updating HCWs on activities and regulatory actions taken by PPB disseminated to health care workers in the public, private & FBO sectors.		Finalize dissemination of MIPV newsletter to facilities/ health care workers not covered in this quarter.
AOP 6	Pharmacy and Poisons Board: Capacity strengthening and retooling of management support,	Active sentinel surveillance protocols developed 12 active surveillance sentinel sites strengthened to detect and	AOP 6	Activity 19. Technical support to PPB for establishment of ADR active sentinel sites in collaboration with  a. Development of active surveillance protocol/concept paper or guidelines by June 2012	<b>Ongoing</b> – Draft ART-ADR Active surveillance protocol developed		

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	and service delivery staff	report ADRs		b. Capacity building, follow-up and support of ADR sentinel sites by September 2012	<b>Ongoing</b> <ul style="list-style-type: none"> <li>Capacity building of 11 ART ADR sentinel sites done as follows: <ul style="list-style-type: none"> <li>Sensitization on pharmacovigilance (PV)</li> <li>1 day CME of PV</li> <li>Follow-up of site based PV action plans</li> </ul> </li> <li>PV tools disseminated to these sites during the sensitization</li> </ul>		Follow –up on implementation of site based action plans  Review of action plan implementation and presentation of facility based case studies by ADR sentinel sites next quarter
Expected outcome 3: Strengthened pharmaceutical subsector governance							
AOP 6 5.1.2 5.2.65 5.4.3	Disease prevention and control pharmacy: Ensuring security for commodities and supplies; Technical planning and monitoring	Standard treatment guidelines and KEML reviewed and disseminated nationwide	MOMS strategic plan 2008-2012 pg 36 (Results framework strategic thrust 7) AOP 6 KNPP 2010 (3.6.1) Promoting appropriate medicine use	20. Technical support to the review/dissemination of national clinical and referral guidelines, KEML and program specific treatment guidelines across all sectors <ul style="list-style-type: none"> <li>Regional dissemination of national clinical and referral guidelines and the KEML</li> </ul>	<b>Ongoing</b> Six dissemination meetings held in Nyanza, North-Eastern & Nairobi provinces to sensitize & orientate HCWs on the STGs and the KEML. Total of 240 PHMT/DHMT/ facility staff from 163 facilities trained to lead subsequent dissemination activities at regional/facility level		.

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AOP 6 5.1.2; 5.2.6	Disease prevention and control pharmacy: Ensuring security for commodities and supplies; Technical planning and monitoring	AMU guidelines and training materials finalized and disseminated	AOP 6	21. Technical and operational support to dissemination of AMU guidelines and training materials	<b>Ongoing</b> <ul style="list-style-type: none"> <li>– Draft AMU tools (OP prescription sheet, IP Treatment sheet) and Medication Therapy Management (MTM) guidelines developed in collaboration with the Department of Pharmacy (DOP) and the Clinical Pharmacists Association of Kenya (CPAK).</li> <li>– Review of these documents is currently ongoing with one review meeting attended by 30 Clinical pharmacists from public/private sectors and the university participants held</li> </ul>		Follow-up meeting with DOP to finalize development of the guidelines, training materials and tools
AOP 6 section 5.2.6	Pharmacy: Policy formulation and strategic planning	KNPP officially endorsed and adopted KNPP implementation and M&E plans developed KPA strategic plan revised	AOP 6 MOMS Strategic plan 2008-2012 pg 36 (Results framework strategic thrust 7)	22. Technical and operational support to development of a comprehensive KNPP implementation plan	<b>Ongoing</b> <ul style="list-style-type: none"> <li>– Revised KNPP document submitted to Cabinet for ratification. KNPP on cabinet agenda</li> <li>– Support to the national health sector policy environment – Implementation of the Constitution 2010, primarily through contributions to the finalization of Policy documents: <ul style="list-style-type: none"> <li>– Comprehensive Health Policy Framework</li> <li>– Position Paper on Implementation of the Constitution in the Health Sector</li> <li>– Health Laws under the Thematic Group on Health Products and Technologies</li> </ul> </li> <li>– DOP/MSH/stakeholders working group was constituted for the review of Pharmacy Laws and HCSC was appointed to lead the development of integrated tracer list</li> </ul>	The KNPP is still awaiting Cabinet approval	Develop KNPP implementation plan after Cabinet approves the KNPP  Develop a strategic plan for DOP; Support for review of the Pharmacy Laws; finalization of the Policy Framework.

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AOP 6 5.2.6	Pharmacy: Ensuring security for commodities and supplies	Strengthened oversight by the NMTC for clinical governance	MOMS Strategic plan 2008-2012 pg 36 (Results framework strategic thrust 7) KNPP 2010 (3.6.1.1) Promoting appropriate medicine use: Institutional and legal arrangement	23. Technical and operational support to the National Medicine & Therapeutics Committee (NMTC)	<b>Not done</b> The planned NMTC meeting did not take place due to competing activities & challenges in engagement with DOP		NMTC meeting will be rescheduled in the coming quarter

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<b>Result Area 3 Support to Laboratory Governance, Commodity Security and Service Delivery (Tech Area III)</b>							
AOP 6 NHSSP II Obj 4 (Pg 6)	Priority intervention : Strengthen the management and availability of commodities and supplies	Improved capacity for quantification at regional level.	DDPC draft AOP 7 Sec 2: Security for Public Health Commodities	Activity 25: Establish and build capacity of regional and district Laboratory Commodity Security Technical Working Groups. – Work with the regional management teams (PHMT, County HMTs) and other stakeholders to strengthen oversight of laboratory commodities through the formation of regional Laboratory Commodity Security Technical Working Groups (LCS TWG).	<b>Ongoing</b> <ul style="list-style-type: none"> <li>Provincial Health Commodities technical committees including laboratory comprising the PHMTs and other key stakeholders have been formed in five (5) regions during the quarter namely Nairobi, Coast, Western, Central and Eastern. Cumulatively seven laboratory provincial technical working groups have been formed.</li> <li>TORs have been developed for health committees in Western, Central, Nairobi and Coast regions</li> <li>Action plans developed for Nyanza, Nairobi, and Coast provinces</li> </ul>	Activities were delayed by the country national health activities eg polio campaign	Focus NE for the formation of the committee
		Improved laboratory commodity reporting rates for HIV test kits from 50% to 65% and Malaria RDT from 0% to 45%					
		Improved coordination of implementing partners		– Work with regional TWG and management teams, and regional partners to provide facilities with tools for data collection and reporting.	– Provided photocopies of the revised FCDRR for ART Lab monitoring reagents to all the 156 CD4 sites		
				– Build capacity of 200 regional laboratory personnel from 50 selected districts through provision of commodity management tools, job aids, On Job Training (OJT), mentorship, by September 2012	<ul style="list-style-type: none"> <li>Orientation of over 65 Champions in the 10 districts on Inventory management, including laboratory</li> <li>Over 238 facility staff trained on basics of inventory management including laboratory.</li> <li>Action plans were developed after the training</li> </ul>	An ongoing activity	



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AOP 6 Sec 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved laboratory commodity reporting rates at regional and Health facility level	Regional draft AOP 7 (Proportion of health facilities that submit complete, timely and accurate reports to national level.)	a. Strengthen the system to improve laboratory commodity information management at regional and health facility level Provide tools for data collection and reporting for essential lab commodities. MSH/HCSM will leverage with other regional partners in ensuring their constant availability at health facilities	<b>Ongoing</b> Data collection and reporting tools for lab facilities countrywide have been quantified, and printing has been initiated. —		Development of national dissemination plan for the tools which are undergoing printing
				b. Build capacity of facility staff to use laboratory commodity information for decision making	<b>Ongoing</b> — HCSM provided TA in the development of a revised Job Aid on Quantification of Laboratory commodities		Printing and Dissemination of the Laboratory Quantification Job aid.
				c. Support systems for transmission of information generated at the facility levels to the regional and national levels for decision making and commodity resupply by Sept 2012	Ongoing Provided to University of Maryland for printing - the revised FCDRR for ART Lab monitoring reagents with job aid for tool completion and reporting system.		Hold a sensitization workshop for all the CD4 sites on Laboratory commodity Management including information and commodity flow.

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AOP 6 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved access to and coverage of malaria RDTs at designated facilities	Improved access to and coverage of malaria RDTs at designated facilities	Activity 27: Support the implementation of the new malaria RDT guidelines for malaria diagnosis in 37 selected districts from different malaria epidemiological zones.  – Build Capacity of 800 frontline health workers in 37 districts on use of RDTs (conducting the test, reading and using the results)	<b>Ongoing</b> 391 Health workers trained on the use of and reporting for RDTs from 33 epidemic preparedness response (EPR ) districts	The DOMC made a decision to focus only on the facilities that had received RDTs, in the epidemic prone districts.	
MOM S Strategic Plan 2005 – 2012 Sec 6.2.7 Table 6.7: (page 38)	Ensure reliable access to quality, safe and affordable essential medicines and medical supplies.  No. of laboratory personnel updated	Improved inventory management and accountability for commodities  Integrated health commodities Support Supervision at health facilities	NPHLS AOP7 Policy formulation, implementation and evaluation; Monitor availability of test kits in the country	<b>28.</b> Strengthen capacity of Health workers to manage laboratory commodities at facility level. Interventions will include supporting the NPHLS and DML/NBTS to:  a) Adapt the Laboratory Commodity Management (LCM) Curriculum for levels 2-3 and complementary job aids and SOPs for national rollout by December 2011 <b>(national level)</b>	<b>Ongoing</b> – Developed the draft LCM curriculum in modular format		

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AOP 6 Sec 5.2.6 (Pg 97)  AOP 6 Sec 5.1.2, Performance monitoring and evaluation	on laboratory skills (Page 74)	conducted by the PHMTs and DHMTs  NPHLS and DML/NBTS supported to develop a TOT Curriculum on Lab Commodity Management, and to utilize the same to strengthen the capacity of existing lab personnel and facilities	through targeted supportive supervision (Page 5)  NPHLS draft AOP 7: Train lab personnel on data management	b) Engage stakeholders to develop a Laboratory Commodity Management ToT Curriculum, job aids and SOPs for national rollout by March 2012 <b>(national level)</b>	<b>Ongoing</b> Developed / reviewed the following draft documents: – Review of the LCM TOT curriculum – Lab SOPs on LCM		Finalization of the SOPs on Lab Commodity Management in the next Quarter
AOP 6 Sec 6.1 (Pg 124)	Providing Comprehensive leadership and management training for mid level managers	laboratory commodity management activities at national and regional level;  A national Essential Laboratory Commodity List in use for procurement	DDPC draft AOP 7 Sec 4.2: Capacity Strengthening and retooling of management support and service delivery (Leadership and	29. Build Capacity of the national laboratory commodity security committee to support and coordinate the peripheral level activities. MSH/HCSM will undertake the following: <b>(national)</b>  a. Work with MOMS/MOPHS to reconstitute the existing national Laboratory commodity security committee to incorporate key laboratory stakeholders. This will expand the scope of the current committee beyond HIV commodities	<b>Ongoing</b> – A National HIV Lab commodity committee has been formed and awaiting ratification by NPHLS leadership – TORs have been developed awaiting endorsement by the members		Action planning for the national Laboratory committee planned for Jan 2012

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			managem ent skills)	b. Active support to the annual national quantification and forecasting, procurement planning and development of routine strategic information reports by March 2012	<b>Ongoing</b> <ul style="list-style-type: none"> <li>– Continued providing TA for compilation of lab monthly stock status for HIV lab commodities</li> <li>– Provided TA and mentorship to the NASCOP Lab commodity staff in the ongoing HIV F&amp;Q for lab commodities</li> </ul>		

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		Provision of short term technical assistance and participation of participation in important international meeting and conferences		Attend international meetings/conferences	<p><b>Ongoing</b> During the reporting period the MSH/HCSM participated in the following key meetings/conferences.</p> <ol style="list-style-type: none"> <li>1. Participated in <b>ICIUM 2011, Antalya Turkey ( 14th to 18th Nov 2011)</b> during which; <ul style="list-style-type: none"> <li>– Findings of <b>INRUD-IAA Kenya adherence intervention study</b> findings were disseminated of through one oral presentation and three posters.</li> <li>– Dissemination of SPS and HCSM better practices and lessons learnt through: <ul style="list-style-type: none"> <li>– Poster Presentations of the Kenya experience in strengthening Pharmacovigilance systems</li> <li>– Poster presentation on Pre-service training of pharmacy students on effective management of ART in Kenya</li> <li>– Poster presentation on Assessing readiness of pharmacy outlets to support chronic care: Results from a national assessment in Kenya</li> <li>– Oral and poster presentation on Piloting the use of mobile short messaging systems (SMS) to improve access to medicines: The Kenya experience</li> </ul> </li> </ul> </li> <li>2. Supported planning of <b>7<sup>th</sup> HIV Care&amp; Treatment Consultative Forum ( 22-24 Nov 2011)</b> Participated in planning of the conference especially in developing the theme, call for abstracts and abstract categories</li> <li>3. Participated in the <b>1st National Human Resources for Health (HRH) Conference ( 7-9 Dec 2011)</b> during which there was a marked commitment by MOMs and MOPHS to prioritize health workforce development and integrate HRH Strategies into the national health agenda</li> </ol>		

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<b>PROGRAM IMPLEMENTATION AND COORDINATION</b>							
MSH/HCSM Program Start-up				4. Undertake Baseline Evaluation for setting program performance targets	<b>Ongoing</b> Printing of the survey report and dissemination of the survey results.	Awaiting DOP ratification	Survey report dissemination planned for coming quarter
				6. Develop and implement a HCSM Project database for Project Planning, Performance Monitoring and Reporting	<b>Ongoing</b> 3 potential system presented to HCSM team as a demo	Limited availability of local suppliers of M&E systems	Identify and contract a suitable vendor for the system.  Implement the system to improve project performance monitoring